Supreme Court, U.S.
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Nos. 05-7058 and 05-7142

In The Supreme Court of the United States

LORENZO L. JONES,

Petitioner,

v.

BARBARA BOCK, *et al.*,

Respondents.

TIMOTHY WILLIAMS and JOHN H. WALTON,

Petitioners,

v.

WILLIAM OVERTON and BARBARA BOUCHARD, *et al.*,

Respondents.

On Writs Of Certiorari To The United States Court Of Appeals For The Sixth Circuit

JOINT APPENDIX
Volume II

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Petition For Certiorari In 05-7058 Filed October 13, 2005
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Certiorari Granted In Both Cases March 6, 2006

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MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I _____ Grievance Identifier: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Lorenzo L. Jones/Johnson	176204	SRF	98-1200	8/20/01	9/15/01

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 8/29/01
If none, explain why. "On 8/29/01 Plaintiff talked ### to the Classification Director whom at the time ######### informed Plaintiff that he should write a grievan This grievance is being written on the following staff members: Classificati Director, Health Care, Warden, Deputy Warden and ########Officer Opanasenko, their professional capacity.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On July 19,2001, Plaintiff was assigned to work yard crew as an equipment handler, "meaning" Plaintiff was to hand at prisoners request, horse shoes, baseball bag (that's full of gloves, balls and two bats), basket balls, etc. While on this job, Plaintiff informed supervising officer Opanasenko (E-9), that Plaintiff was unable to handle certain equipment, such as picking up horse shoes, and baseball bag or to stand around the recreation shack for long periods of time or bending and stooping. This officer began to harass Plaintiff the same day Plaintiff worked out in the shack. Plaintiff informed a staff member that officer Opanasenko did not like him. Plaintiff will provide this officer name when he see the office, because Plaintiff does not know it right off. However, officer Opanasenko, insisted that Plaintiff pick these things up and hand them to the requesting prisoners, and stand around for 15 to 20 minutes waiting on someone to request equipment. This caused a conflict between this officer and Plaintiff. Officer Opanasenko went so far as to fabricate an assignment evaluation form, fraudulently falsified the written statement on the bottom of the work assignment evaluation, alleging that Plaintiff wrote: "I would like to be removed from this detail".

Grievant's Signature

grievance continue on page -1-

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

See Attached Respond

Respondent's Signature	Date	Reviewer's Signature	Date
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title

Date Returned to Grievant	If resolved at Step I, Grievant sign here. Resolution must be described above.	Grievant's Signature	Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

as that of Plaintiff's writing, although Plaintiff signed the document as required by Classification not to be Doubled Oed, Plaintiff did not write said statement as indicated on evaluation form, officer Opanasenko also involved a Lieutenant in an attempt to have Plaintiff placed in Segregation by writing a Threaten behavior misconduct on Plaintiff, although the misconduct was never written, Plaintiff was interviewed by said Lieutenant stating that when Plaintiff refused to pick up requested equipment that Plaintiff was threatening towards him (officer Opanasenko), although at the time Plaintiff had on a neck brace and walked with a cane. NOTE: the Lieutenant became involved the day after on August 21,2001, (the incident where Plaintiff refused to lift equipment), when officer Opanasenko told him that while Plaintiff was eating morning chow, Plaintiff was marcating him (officer Opanasenko), stating that Plaintiff stare was threatening him.

At the time of the above incident, Plaintiff was wearing a neck brace and walking with a cane, (although Plaintiff still walk with a cane to this date), due to a November 14,2000 automobile accident in which my neck was broken and I suffered spinal cord injuries. Officer Opanasenko, Classification Director, Deputy Warden, Health Care and Warden were all aware of my current conditions.

The work assignment report will cause Plaintiff irreprisable harm if it remains in Plaintiff prison file, for the Michigan Department of Corrections Parole Board score points for inadequate work performance, this will add to a negative probability for parole for this Plaintiff.

Officer Opanasenko, Health Care, Classification, Deputy Warden and Warden, know, knew or should have known that their actions was in direct violations of plaintiff's, First, Eighth and Fourteenth Amendment Constitutional Rights and Civil Rights, where all the above defendants required Plaintiff to work beyond that of his physical capabilities.

Qualified Immunity would not shields officials from Liability for Civil Damages where their conduct was outside the scope of their duties and violated clearly established Statutory or Constitutional Rights of which a reasonable person would have known.

This matter can be partially resolved by the following: 1). a written apology from all parties involved, officer Opanasenko, Health Care, Classification, Deputy Warden and Warden, the apology can come in one letter with the above defendants names and rank on it, 2). removal of "prisoner program and work assignment evaluation" from all Plaintiff's institutional files, 3). that Plaintiff not be placed on double O status, 4). that Plaintiff will not be required to work unless cleared by personal outside doctor's and 5). no "retaliatory actions" towards Plaintiff person for any reason by any of the above named defendants or their agents or co-workers, and finally, 6). that officer Opanasenko, Health Care (named personnel who cleared Plaintiff for such a job) and Deputy Warden be reprimanded with 7 days off work without pay. Any deviation from the above Voids any agreement between Plaintiff and the defendants.

"Thank You For Your Cooperation"

Lorenzo L. Jones/Johnson
#178204
9625 Pierce
Freeland, Michigan 48623

A-9
02cv74336 DT

Grievance Response

Grievance Number SRF-01-09-01068-02a

GRIEVANT INTERVIEW: Grievant states he has was written a work report which is not appropriate. Grievant stated his only issue is that he was written a "bad" work report that is not true. Grievant was angered that this may affect his upcoming Parole Hearing.

INVESTIGATOR SUMMARY : Prisoner was issued a Prisoner Program and Work Assignment Evaluation on 8-21-01. This evaluation was issued appropriately and contained necessary factual information. Officer Opansenko's evaluation of Prisoner was accurate.

FINDINGS: Michigan Department of Correction Policy Directive 01.04.130 states in part, "A prisoner may challenge the accuracy of factual information in documents prepared by the Department which are contained in the prisoner's files but **may not challenge opinions, impressions and judgements contained in such documents and records."** It is the prisoner's responsibility to present information in support of the challenge. Officer Opansenko's evaluation is considered appropriate. Therefore this grievance is denied.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: _____

Grievance Identifier SRF-01-09-01068-02a

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Warden Bock by 10-18-01 if it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Jones, Lavenzo	176204	SRF	12-02[illegible]	8-20-01	10-11-01

STEP II--Reason for Appeal /// In responding to Plaintiff grievance, the respondent Sgt F. Yell, failed to answer Plaintiff issues therein: 1. Plaintiff filed the within grievance on "Health Care, Warden Bock, Deputy Warden of Programs, Classification Director and Opanasenko". Although the officer was supervising officer and harassed Plaintiff, the officer was "NOT" the only responsible party therein, Plaintiff was "NOT" medically clear to work such a Job do to his injuries. Therefore making all of the above defendants responsible for placing Plaintiff on such assignment. Where they know, knew or should have known that Plaintiff was physically unable to perform such a duty. Removing the work form is not a cure all in this matter only a step.

STEP II--Response

Date Received by Step II Respondent:

Respondent's Name (Print) | Respondent's Signature | Date

Date Returned to Grievant:

STEP III--Reason for Appeal

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

Response - Step II Grievance Appeal
SRF-01-09-01068-02a
Jones #176204

Grievant claims that Officer Opanansenko fabricated a negative Work Report. As the Parole Board may issue negative points to Grievant for bad work reports, which in turn may lower his probability of parole, he wants this removed from his files.

The Step I Respondent determined that the Grievant was issued a negative Prisoner Program and Work Assignment Evaluation on 8/21/01. Per PD-01.04.130, Grievant may challenge the accuracy of factual information, but may not challenge opinions, impressions and judgements in such documents and records. The Grievant is responsible for presenting information in support of his challenge. The officer's evaluation was appropriate, and the grievance was denied at Step I.

On appeal to Step II, Grievant alleges that the Step I Respondent did not answer the issues presented (i.e. he only addresses the Officer, and did not address the other parties who were grieved). He also alleges that he was not medically clear to work the detail issued, and the grieved parties knew, or should have known, he could not perform those job duties. Grievant has a Special Accommodation Notice in his file authorizing possession of a neck brace and wooden cane. Step I documents include verification from Health Care that Grievant was physically capable of working this assignment. Further, Classification specifically issued Grievant a detail for Equipment Handler as a light-duty assignment, due to his medical condition. Grievant was appropriately given the job detail; Health Care verified that his medical condition does not preclude him from handing out recreation equipment. The other grieved parties, Warden and ADW of Programs, are not licensed medical staff, therefore they must rely on Health Care's evaluation of the Grievant's medical limitations.

A review if the CAJ-363 work evaluation reveals that the reporting Officer signed the form as both Evaluator and Supervisor. *As the reporting officer should not sign the form in both places, the work report will be removed from Grievant's file. However, the reporting Officer may re-do the CAJ-363 and have the supervisor sign it.*

Staff are reminded that all CAJ-363's should be signed by a supervisor prior to processing through Classification.

Grievance is partially resolved at Step II.

Barbara N. Bock, Warden
Saginaw Correctional Facility
October 30, 2001

cc: Grievance Coordinator - SRF
ADW Chaplin - for action
file

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 10/11/01

Grievance Identifier SRF-01-09-01068-02a

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Warden Bock by 10-18-01 if it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Jones, Lorenzo	176204	SRF	12-028	8-30-01	10-11-01

STEP II--Reason for Appeal /// In responding to Plaintiff grievance, the respondent Sgt F. Bell, failed to answer Plaintiff issues therein: 1. Plaintiff filed the within grievance on "Health Care, Warden Bock, Deputy Warden of Programs, Classification Director and Opanasenko". Although the officer was supervising officer and harassed Plaintiff, the officer was "NOT" the only responsible party therein, Plaintiff was "NOT" medically clear to work such a Job do to his injuries. Therefore making all of the above defendants responsible for placing Plaintiff on such assignment. Where they know, knew or should have known that Plaintiff was physically unable to perform such a duty. Removing the work form is not a cure all in this matter only a step.

STEP II--Response

Date Received by Step II Respondent: 10/11/01

See attached response.

Respondent's Name (Print)	Respondent's Signature	Date	Date Returned to Grievant:
D. Bock, Warden - SRF	[signature]	10/30/01	10/31/01

STEP III--Reason for Appeal /In Warden Bock response to step two grievance, Warden Bock alleged that Health Service had cleared Plaintiff for work or that the Plaintiff injuries does not preclude Plaintiff from said work assignment. That Health Care verified this. Plaintiff contest that the statement by Warden Bock is "FABRICATED" for SRF Health Service has never examined Plaintiff to make a detail of Plaintiff injuries. Next, Warden Bock attempt to side step and over look the issues at bar. According to the Warden interpretation of

CON ON NEXT PAGE-1

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

PAGE-1-CONTINUE

D. 01-04-130, a prisoner may challenge the accuracy of factual information contained in a CAJ-363 work evaluation form, but may not challenge opinions, impressions and judgments in such documents.

This interpretation leaves a prisoner who is grieved by a 363 form between a rock and a hard place, for the information contained in such a report could always be interpreted as an opinion, impression or judgment.

Although Warden Bock partially granted Plaintiff relief, Warden Bock nonetheless give the reporting staff member an opportunity to re-write the unlawful CAJ-363 evaluation form, stating that he just could not sign the form in both places. No doubt, the reporting staff will write the exact same evaluation, leaving Plaintiff with no redress.

Plaintiff contest that the information and 363 form should not be re-done for Plaintiff, for it was the fruit of unreasonable practice by the Department of Corrections and it's agents, which violated Plaintiff right to be free of activities that Plaintiff may or may not be physically capable of performing, the first, eighth and fourteen Amendments protests Plaintiff from such practice and harm, and mental and physical damages have been awarded by Courts for such actions.

Next, Warden Bock claimed that "Warden and ADW" are not licensed medical staff, therefore they must rely on Health Care of Grievant's medical limitations and therefore making neither the Warden or ADW Chaplin not responsible, however, Warden Bock failed to realize, that she is the Warden of the institution in which Plaintiff currently reside and Chaplin is the Assistant Deputy Warden, thereby making their failure to "ACT" to a wrong within their control, make them just as responsible, as if directly causing the harm. For each defendant failed to act or rectify the situation.

FURTHER, Warden Bock failed to address the claim that Defendant Opanasenko fraudulently wrote a paragraph at the bottom of the evaluation CAJ-363 form, alleging that Plaintiff himself had written the paragraph. Plaintiff content, that he did not write the paragraph on the CAJ-363 form that the paragraph was forged and the writer of the paragraph should be reprimanded, for it is a violation of the Michigan Department of Correction code of ethics and should not be tolerate by those whom have sworn to up-hold the Laws and Constitutions.

In this case, the stipulation within the grievance has not been resolved as required. In order to resolve this matter, the following conditions must be met: 1). complete removal of the 363 form from all of Plaintiff's prisons files, 2). that plaintiff not be required to work unless cleared by Plaintiff's personal Doctors, Doctor's Mark Jones and Doctor Van der Harst, both are treating physician's of Plaintiff, 3). that officer Opanasenko, Health Care and Deputy Warden Chaplin be reprimanded with a minimum of 7 days "WITHOUT PAY" for their unlawful actions and 4). that no retaliatory actions be taken against Plaintiff by the above named defendants or their co-workers. Any deviation from the above VOIDS any agreement between Plaintiff and the defendants.

Dated: November 2,2001

Respectfully

Mr. Lorenzo L. Jones/Johnson #176204

THIRD STEP GRIEVANCE RESPONSE

Lorenzo Jones, #176204
SRF-01-09-106S-02a

The Grievant presents an issue which alleges that he was written a bad work report that was not true. As his relief, he requested that it be removed from his file. The grievance was processed at the local level according to the provisions of Policy Directive 03.02.130 (Prisoner/Parolee Grievances) and Operating Procedure 03.02.130 (Prisoner/Parolee Grievances).

This investigator has reviewed the documents presented with the appeal to Step Three. All relevant information was considered. Based on this review, this writer finds the responses provided at Step One and Step Two adequately address the merits of the main issue grieved. The facility informed this investigator that the work report had been rewritten, the old one was removed from his file and the new one was added. This grievance is resolved.

Approval Signature: Michael A. Powell Date: DEC 11 2001
#6/12-4/02a

02cv74336
A-3

(Plaintiff Exhibit A-11)
Step one, Two, Three

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 6/13- Grievance Identifier: SMF 02-06-1337-12c

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams	173396	SMF	4-121	6-7-02	6-7-02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 5-30-02
If none, explain why. I was seen by a nurse on 6-2-02. I was supposed to have ~~seen by~~ been seen by a doctor, and as of now not be. ~~have~~ has call me out yet 6-7-02

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

I have requested Medical follow-up care, and have not been ~~seen~~ seen by the doctor, nor have I been treated. I am expriencing a lot of pain from the Tumors in my fingers, hand, and arm. My condition have gotten worst. For example, I am expriencing more pain ~~than~~ ever, ~~my hand~~ I can not open my hand, and the Tumors in my fingers, hand, and Arm hai ~~gotten~~ gotten bigger. I am expriencing ~~Pain~~ nerve pain in my right bicepp up my shoulder, and be-hind ~~my~~ ear and head. SEE Health Care Kite Attached

T Williams
Grievant's Signature

RESPONSE (Grievant Interviewed? ☑ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Per health record review of prisoner Williams 173396, evaluated by RN on 6/3/02 with information referred to MSP for further recommendations. MSP reviewed notes on 6/6/02 indicating, "All M.D.O.C. M.A.C. appeals were denied. Inform patient need to know how these med work for the pain, M.D.O.C. refused the surgery." On 6/10/02 MSP responded that he reviewed inmate Williams 173396 case and no surgery at this time, and physical therapy not likely to help. Grievant will be scheduled for MSP evaluation on 6/18/02.

Respondent's Signature	Date	Reviewer's Signature	Date
K WRIGHT	RN 13	K. Petera, RN	HLM
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title

Date Returned to Grievant: 6/17

If resolved at Step I, Grievant sign here. Resolution must be described above. Refused to sign — Grievant's Signature — 6/17/02 Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

Joint Appendix Page 338

Exh. 6, 2 "A" #2

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER STATIONERY

CSJ-110 4/90
4835-3110

TO:			FROM:		
NAME			NAME		
NO. AND STREET OR R.R.			NO.	LOCK	
CITY	STATE	ZIP	INSTITUTION		DATE

IN CORRESPONDENCE, USE NAME AND NUMBER ON YOUR LETTER AND ENVELOPE

2-6-02

To: Standish Health Care Director
Re: Surgery, occupational therapy Eval.

On 10-23-01 an evaluation was done see attached copy; it was done concerning my Rehabilitation needs ect. Therefore my "immediate concern" now is has my surgery been approved & know you cannot tell what date it will take place; however it will allow Dr. Hoffman to upgrade my needs.

Also since my most recent Evaluation Changes have occured, such as Painful episodes at times of sleep, and feel now while I can tell and describe my symptoms something can be done while waiting

Please E-mail or fax a copy of this letter as promptly as possible and return a response, with attachments.
Thank You

You are scheduled for follow-up evaluation within one month.
KW 2/11/02

Mr. T. Williams
#173396

Response to Kite R.N K. Wright

HEALTH CARE REQUEST Exhibit "B"

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: T. Williams

NUMBER: 173396 LOCK: 6-144 DATE: 2-12-02

B This Health Care Request is for the following (check one or more): Please Respond by Health care form

☐ Dental ☑ Medical ☐ Mental Health

C I have the following problems/symptoms: R.N Wright — Could you please refer my concern to Dr. Hoffman my level of comfort during time of sleep or during times of relaxed moments, my nerve from my back arm to my shoulder to my ear has very sharp pains what Therapy can you offer? my level of care must be upgraded.

D **NOTICE TO PRISONER**

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds and Prisoner Organization Accounts".

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged $3.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $3.00 may be taken from my account.

Prisoner Signature: [redacted] Follow-up Date: 2-12-02

PRISONER: DO NOT WRITE BELOW THIS LINE

E **INSTRUCTIONS TO PRISONER** This information has been given to the doctor.

An appointment has been scheduled for you on: Date:

Signature: [illegible] Title: [illegible] Provider #: 11146 Date: 2/15/02

F **COPAYMENT** (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of _____ (Date) and certify none of these exceptions apply.

Signature: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Williams T

NUMBER: 173396 | LOCK: 5-A44 | DATE: 6-5-02

B This Health Care Request is for the following (check one or more):

☐ Dental ☒ Medical ☐ Mental Health

C I have the following problems/symptoms: I am experiencing a lot of pain from the Tumors in my hand, and arm. The Tumors have swollen. I cannot open my hand. with out experiencing a lot of pain. My Condition ~~is~~ has and is geting ~~worse~~ Worst. Please refer me to the Doc

D NOTICE TO PRISONER I need something for the pain ?

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds and Prisoner Organization Accounts". Also, need renewal on "Disaleid" ?

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged $3.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $3.00 may be taken from my account.

Prisoner Signature: Date: 6-5-02

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

An appointment has been scheduled for you on: Date: 6/11/02

Signature: LEMMA Title: N Provider #: 15639 Date: 6/7/02

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of _____ (Date) and certify none of these exceptions apply.

Signature: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

Joint Appendix Page 348

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Williams T

NUMBER: 173396 LOCK: B-121 DATE: 6-10-02

B This Health Care Request is for the following (check one or more):

☐ Dental ☒ Medical ☐ Mental Health

C I have the following problems/symptoms: Is There any Physical Therapy here at this facility? So, that I can get my hard to open up, and so that I can beable to Straighten my Arm back out My Condition is getting more, and more worst.

D NOTICE TO PRISONER

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds and Prisoner Organization Accounts".

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged $3.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $3.00 may be taken from my account.

Prisoner Signature: Follow-up Care Date: 6-10-02

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

An appointment has been scheduled for you on: Date: 6/11/02

Signature: LEMMA Title: R Provider #: 15637 Date: 6/11/02

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of _____ (Date) and certify none of these exceptions apply.

Signature: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 6/19

Grievance Identifier SMF 02 06 1337 12D

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: K Peters HC by 6-26. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Williams	173396	SMF	4-121	6/7/02	6/22/02

STEP II--Reason for Appeal The Step-2 Responde is erroneous, subjective, unresolved, and I hereby give formal 6-month prior Notice before filing imminent Civil Ac per MCL 600.2912b; MSA 27a.2912. My Grievance is that I have not been seen fo follow-up for Birth Deformity(Kasabach-Merritt Syndrome), and "Hemangioma Tum that I am currently experiencing excruciating pain for. Any prior MDOC/MAC/CM Appeals for surgery/theraphy was not forever/final. Further, Orthopedics Expe Doctor and Physical Therapist adamantly said I need surgery/theraphy. Thus, S Health Care Staff have committed Gross Negligence, Deliberate Indifference, a violated my Fed Constitutional Right to be Free from Cruel/Unusual Puni ment. Therefore, Any/All MDOC/SMF/CMS Staff responsible for not providing eit treatment/cover-up are hereby notified that litigation will be filed on them.

STEP II--Response

Date Received by Step II Respondent: JUL 2 2002

"SEE ATTACHED."

Terry Malloy, RHA — Respondent's Name (Print)

Respondent's Signature

JUL 3 2002 — Date

Date Returned to Grievant: JUL 3 2002

STEP III--Reason for Appeal The valid reason for delay in filing this Step-3 Response is due to the fact that SMF Health Care Staff & Step-2 Respondent intentionall did not send it to me until today(7/12/02). Since it/they know that on Step-3 Review instead addressing the violations it will say that the Step-3 Appeal wa not timely filed. In any event, SMF/MDOC Staff still have not complied with Michigan Statutes to respond with affidavit for a resolution before imminent litigation. Further, Dr Pramstaller has never conducted personal exam on me, a is advocate for CMS to cut costs instead of providing treatment. Please help m

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White - Central Office; Green - Canary - Step III; Pink - Step II; Goldenrod--Grievant

BEST AVAILABLE COPY

Michigan Department of Corrections July 03, 2002 SMF-02-06-01337-12D

Grievance Step II Response Williams, #173396

The step I grievance, response, and reason for appeal at step II were reviewed. The patient was interviewed by RN Wright on June 17, 2002.

At step I, the patient alleged he was not receiving medical care and follow up for tumors in his fingers. Response to step I indicates on Jun3 6, 2002,. The off-site appeal was denied by the medical advisory committee. The MSP advised the patient on June 10, 2002 that surgery and physical therapy were not indicated at this time. The patient was also scheduled for an MSP follow up.

At step II, the patient alleges he is giving six months notice prior to filing a civil action for not being treated for his tumors. Investigation reveals on June 27, 2002 Dr. Goldberger evaluated the patient and is planning on consulting with Dr. Pramstaller regarding him. The patient is currently on Neurontin three times per day and Celebrex twice a day for pain management. The patient's medical concerns are being treated.

Appropriate care has been given.

TLM/mrt

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 12/97
CSJ-247 B

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator at Step II: 6/19

Grievance Identifier SMF 0206 1337 12D

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED JUL 17 2002 MICHIGAN DEPT. OF CORRECTIONS PRISONER AFFAIRS

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: K. Peters HTC by 6-26. If it is not submitted by this date it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Williams	173396	SMF	4-121	6/7/02	6/22/02

STEP II--Reason for Appeal The Step-2 Responde is erroneous, subjective, unresolved and I hereby give formal 6-month prior Notice before filing imminent Civil A per MCL 600.2912b; MSA 27a.2912. My Grievance is that I have not been seen f follow-up for Birth Deformity(Kasabach-Merritt Syndrome), and "Hemangioma Tu that I am currently experiencing excruciating pain for. Any prior MDOC/MAC/C Appeals for surgery/theraphy was not forever/final. Further, Orthopedics Exp Doctor and Physical Therapist adamantly said I need surgery/theraphy. Thus, Health Care Staff have committed Gross Negligence, Deliberate Indifference, violated my Fed Constitutional Right to be Free from Cuwet Cruel/Unusual Pun ment, Therefore, Any/All MDOC/SMF/CMS Staff responsible for not providing ei treatment/cover-up are hereby notified that litigation will be filed on them

STEP II--Response

Date Received by Step II Respondent: JUL 2 2002

"SEE ATTACHED."

Terry Malloy, RHA — Respondent's Name (Print)

Respondent's Signature

JUL 3 2002 — Date

Date Returned to Grievant: JUL 3 2002

STEP III--Reason for Appeal The valid reason for delay in filing this Step-3 Response is due to the fact that SMF Health Care Staff & Step-2 Respondent intentional did not send it to me until today(7/12/02). Since it/they know that on Step-3 Review instead addressing the violations it will say that the Step-3 Appeal w not timely filed. In any event, SMF/MDOC Staff still have not complied with Michigan Statutes to respond with affidavit for w resolution before imminent litigation. Further, Dr Pramstaller has never conducted personal exam on me, is advocate for CMS to cut costs instead of providing treatment. Please help

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

THIRD STEP GRIEVANCE RESPONSE

Timothy Williams, #173396
SMF-02-06-1337-12d

The Grievant presents an issue which alleges that he is not receiving medical care for his tumors in his fingers, hand and arm. The grievance was processed at the local level according to the provisions of Policy Directive 03.02.130 (Prisoner/Parolee Grievances) and Operating Procedure 03.02.130 (Prisoner/Parolee Grievances).

This investigator has reviewed the documents presented with the appeal to Step Three. **It is noted that the Step Three response is untimely for BHCS administrative reasons.** All relevant information was considered. Based on this review, this writer finds the responses provided at Step One and Step Two adequately address the merits of the main issue grieved. The medical opinions from professionals, such as doctors and nurses, will not be questioned by this office due to the technical expertise of the profession. The Step Three appeal does not demonstrate a deliberate indifference to the Grievant's medical needs. The Grievant has not shown a violation of policy. The Step Three appeal is denied.

Approval Signature: Michael A. Powell Date: SEP 11 2002
#6/9-5/12d

cc: Warden
Grievant

Plaintiff
Exhibit "I"

THIRD STEP GRIEVANCE RESPONSE

Williams # 173396
ARF 02 08 1417 28h 13133

The Grievant presents an issue which alleges more than one issue that the Grievant has submitted as one issue under ADA. He alleges that his required "reasonable accommodations" have not been met and has requested a transfer to JCF or JMF, as relief. The grievance was processed at the local level according to the provisions of Policy Directive 03.02.130 (Prisoner/Parolee Grievances) and Operating Procedure 03.02.130 (Prisoner/Parolee Grievances).

This investigator has reviewed the documents presented with the appeal to Step Three. All relevant information was considered. Based on the review, this writer finds the responses provided at Step One and Step Two adequately address the merits of the main issue grieved. The Grievant has created a vague grievance by including multiple issues, some of which do not apply to him, such as the shower chair. While his Special Accommodation Notice dated 9/5/01, does indicate a shower chair, the Step One respondent indicates that the Grievant is housed in a handicap wing which has a shower, with a chair in it. To add to the vagueness of this grievance, the Grievant has included a poor photo copy of his Special Accommodation Notice which is partially illegible. However, per PD 04.06.160 (F) "Review of the continued need for a Medical Detail or a Special Accommodation Notice shall be conducted during the annual health care screening performed pursuant to PD 03.04.100. Because the notice provided to this office exceeds one year in age, it is not known whether the special accommodations noted are still needed. The Grievant has written that, "Health Care have no jurisdiction over Americans with disabilities Act (ADA)." (Sic) This statement is refuted by PD 04.06.160 (E) and the Grievant is referred to that policy for guidance in seeking a written Special Accommodation Notice, with which he may then discuss his needs with housing staff. Due to the lack of information provided to this office, this grievance is rejected as vague and **the Step Three Appeal is denied.**

Approval Signature: _____ Date: OCT 14 2002
#8/10-11-02/28h
cc: Warden
Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

RECEIVED
SEP 27 2002
MICHIGAN DEPT. OF CORRECTIONS
PRISONER AFFAIRS

Date Received by Grievance Coordinator at Step II: 8/28/02

Grievance Identifier ARF 10 20801 4 1 7 28 H 1 9

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance, CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: J. Eales by 8/30/02. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams	173396	ARF	157B-3	8-13-02	8-23-02

STEP II--Reason for Appeal

See Attached:
P.D. 04.06.160. All Holders of Policy Directive Manual. "A Current Medical Detail or Special Accommodation is Notice is Valid And Must be honored At All institutions

STEP II--Response

Date Received by Step II Respondent: 8/28/02

The Step I Response is upheld. You offer no indication that you have talked with any staff in your Unit (RUM, ARUS or RUO) to have your concerns addressed. The Facility ADA Coordinator, ADW Pass, has addressed your concerns directly with you. If you have further requests that are verified by Health Care Staff, feel free to forward those requests to your RUM or ARUS. Grievance resolved.

Tom Bell
Respondent's Name (Print)

Respondent's Signature

9/11/02
Date

Date Returned to Grievant: 9/12/02

STEP III--Reason for Appeal The Respondent's still have not Complied with michigan statutes to respond with Affidavit For Resolution before imminent litigation. Health Care have no Jurisdiction over the Americans with disabilities Act. ADA ADW ~~stated~~ Pass stated that she is not An expert and will no touch The issue. I went to the RUM, and A-Rum and They would not Act at that Time.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet. Issue still unresolved.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 8/22/2002 Grievance Identifier: ARF 2002 08 1417 2811

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
WILLIAMS-EL	173396	ARF	157-8-3	08/13/02	08/20/02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 08/13/02
If none, explain why. By sending a kite to the warden's office. Unresolved!

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

RESPONDENT: Warden D. Jamrog

ISSUE: Compliance with the Americans with Disabilities Act. (ADA)(42 U.S.C. 12101 et seq) M.D.O.C. PD-03.03.130, DOM 1998-40 (now 2000-22) 8 U.S. Code of Federal Regulations (28 C.F.R. 35. 130 (8)(7) and (8). PD-04.01.100 (D) and (E). (10-May 1996; note to all Government Employees at all levels). See attached!

FACTS: The following special accommodations are not met at this facility.

I requested the following special accommodations under the law stated above. The push button sink must have the button depressed continuously for water to come out. With but one hand, I am prevented from all proper use of the sink. Access to shower chair! Secondly, I need handicapped accessible single cell with additional locker shelves for handicap access. And I need a writing surface to be able to prepare letters etc. "Reasonable Accommodations" means any change or adjustment to sink/cell, locker!

SEE ATTACHED! T Williams-El
Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)
This grievance is of no merit for several reasons. One is that you have details to cover most of these issues! You have a detail for a better bunk, one for an assistance, you are on a handicapp wing which has a shower with a chair in it. It appears that you are trying to use your handicapp to get transfered to a facility of your choice. which is non-grievable as you don't have a right to specific placement, as to the facility, room/cell that you lock.

J. Eaton — 8/22/02 — Reviewer's Signature — Date
Respondent's Signature — Date
J. Eaton — CRR — Reviewer's Name (Print) — Working Title
Respondent's Name (Print) — Working Title

Date Returned to Grievant: 8/22/02
If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature — Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

Joint Appendix Page 63

This grievance is an attachment from grievance dated 08/20/02. Williams-El, #173396. Lock 157-8r 3

Handicap assist with daily chores!

The relief that i'm requesting is that I be sent to a facility such as JCF or JMF because I know that the two facilities have these accommodations because I was housed at both of them.

Sincerely submitted

T C Williams-El

Timothy Williams-El

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER STATIONERY

Exh. 3.7

CSJ-110 4/90
4835-3110

TO:

NAME	Warden D. Jamros	
NO. AND STREET OR R.R.		
CITY	STATE	ZIP

FROM:

NAME	T. Williams	
NO.	173396	LOCK 219-3
INSTITUTION	ARF	DATE 8-13-02

IN CORRESPONDENCE, USE NAME AND NUMBER ON YOUR LETTER AND ENVELOPE

RE: Compliance with the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.) MDOC PD-03.03.130, DOM 1994-40 (now 2000-22), and [redacted] U.S. Code of Federal Regulations (28 CFR 35.130(b)(7)+(8)

Dear Sir or Madam,

I request the following special accommodations under the law stated above. This push button sink must have the button depressed continuously for water to come out. With but one hand, I am prevented from all proper use of the sink. Access to shower chair?

Second, I need handicapped accessable cell with additional shelves for handicap access. "Reasonable Accommodation" means any change or adjustment to sink & cell [redacted] Locker. Handicap Assist with duty Chore?

Sincerely,
T. Williams
T. Williams-173396
219-3

T.W.
enclosures
ADA [redacted] Coordinator
Warden D. Jamros

Joint Appendix Page 65

Exhibit

MICHIGAN DEPARTMENT OF CORRECTIONS

"Expecting Excellence Every Day"

MEMORANDUM

DATE: July 3, 2002

TO: Grievance Coordinator, M. Raines

FROM: Step I Grievance Responder **(Vaughn A. Stewart, Ass't. Business Mgr.)**

SUBJECT: Step I Grievance Response
Grievance #SMF-0206-1384-03F
RE: **(Timothy Williams, #173396, #4-121)**

The grievant was not interviewed. The grievant alleges **that on 06/13/02 he sent the case manager a kite requesting that Maintenance adjust the water in his cell.** Investigation of the grievant's issue reveals **that the cell the inmate is presently housed in is a handicap cell, and it is functioning as designed. Maintenance will make the necessary adjustments to the sink so that the water will run longer and allow the inmate the ability to maintain the appropriate hygiene.**

DR:jo

Exhibit No. [redacted]

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

4835-7244
CHJ-244 12 95

This form is to be completed only when medical condition or physical disability affects placement, housing, work assignment, or requires special supplies/equipment.

Necessary accommodations: If accommodations are temporary record date accommodation must be reviewed beside checkbox (HX ☐ _____ MM/DD/YY).

A. Housing:

- HA ☐ _____ Barrier Free/Wheelchair Accessible
- HB ☐ _____ Smoke Free
- HC ☒ _____ Ground Floor Room
- HD ☐ _____ Continuous Electric Power
- HE ☐ _____ Continuous Access to Toilet
- HF ☒ _____ Shower Chair
- HG ☒ _____ Bottom Bunk
- HH ☐ _____ Single-person Room
- HI ☐ _____ Sink/toilet in Room
- HJ ☐ _____ Extra Bedding/Clothing (specify) _____
- HK ☐ _____ Frequent Laundry Service
- HL ☐ _____ Geriatric Unit
- HZ ☒ _____ Other (specify) extra sheets

*needs access to water

B. Work Assignment:

- WA ☐ _____ No Work Assignment-Temporary Restriction
- WB ☒ _____ No Standing
- WC ☒ _____ No Heights
- WD ☐ _____ No Driving/Dangerous Machinery
- WE ☒ _____ No Lifting More Than 10 lbs
- WZ ☐ _____ Other (specify) _____

C. Medical Equipment/Supplies:

- MA ☐ _____ Limb Prosthesis (specify) _____
- MB ☐ _____ Brace (specify type) _____
- MC ☐ _____ Crutches
- MD ☒ _____ Cane (type) walking
- ME ☐ _____ Walker
- MF ☐ _____ Dressing/catheter/colostomy Supplies
- MG ☐ _____ Prescription Shoe (specify) _____
- MI ☐ _____ Dialysis - Peritoneal
- MJ ☐ _____ Wheelchair (type) _____
- MK ☐ _____ Contact Lens(es) & Supplies
- ML ☐ _____ Hearing Aid
- MM ☐ _____ Incontinence Garment extra large
- MN ☒ _____ Special Garment (specify) _____
- MO ☐ _____ Glasses - RX: _____
- MZ ☒ _____ Other (specify) Brim Burg

D. Other:

- OA ☒ _____ Attendant to assist with meal access and other movement inside the institution. Attendant will not feed or lift the patient, or perform elements of personal hygiene. needs assistance with mayclining
- OB ☐ _____ Therapeutic Diet (specify) _____
- OC ☐ _____ Handicap Table
- OD ☐ _____ Communication Assistance: ☐ Hearing ☐ Sight ☐ Reading/writing
- OE ☐ _____ Transport Vehicle with Lift
- OZ ☒ _____ Other (specify) Attendant to assist with cleaning cell

	Signature	Title	Number	Date
Completed By:				
Approved By:	John C Talbot DO	MSP	00013	1-25-99

SPECIAL ACCOMMODATION NOTICE

Patient Identification
Name: Williams, Timothy
Number: 173396
D.O.B.: 2-5-64

6-123

Distribution: White-Health Record, Canary-Record Office File, Pink-Counselor, Goldenrod-Prisoner

5:15-cv-12-2:22-3 (1) Exhibit "E" 11

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

4835-7244
CHJ-244 12/95

This form is to be completed only when medical condition or physical disability affects placement, housing, work assignment, or requires special supplies/equipment.

Necessary accommodations: If accommodations are temporary record date accommodation must be reviewed beside checkbox (HX ☐ _____ MM/DD/YY).

A. Housing:

- HA ☐ _____ Barrier Free/Wheelchair Accessible
- HB ☐ _____ Smoke Free
- HC ☒ _____ Ground Floor Room
- HD ☐ _____ Continuous Electric Power
- HE ☐ _____ Continuous Access to Toilet
- HF ☒ _____ Shower Chair
- HG ☒ _____ Bottom Bunk
- HH ☐ _____ Single-person Room
- HI ☐ _____ Sink/toilet in Room
- HJ ☒ _____ Extra Bedding/Clothing (specify) 2 extra sheets or wool blanket
- HK ☐ _____ Frequent Laundry Service
- HL ☐ _____ Geriatric Unit
- HZ ☒ _____ Other (specify) needs access to elevator

up dated for SMPF

B. Work Assignment:

- WA ☐ _____ No Work Assignment-Temporary Restriction
- WB ☐ _____ No Standing
- WC ☐ _____ No Heights
- WD ☐ _____ No Driving/Dangerous Machinery
- WE ☒ _____ No Lifting More Than 10 lbs
- WZ ☐ _____ Other (specify) _____

C. Medical Equipment/Supplies:

- MA ☐ _____ Limb Prosthesis (specify) _____
- MB ☐ _____ Brace (specify type) _____
- MC ☐ _____ Crutches
- MD ☒ _____ Cane (type) walking
- ME ☐ _____ Walker
- MF ☐ _____ Dressing/catheter/colostomy Supplies
- MG ☐ _____ Prescription Shoe (specify) _____
- MI ☐ _____ Dialysis - Peritoneal
- MJ ☐ _____ Wheelchair (type) _____
- MK ☐ _____ Contact Lens(es) & Supplies
- ML ☐ _____ Hearing Aid
- MM ☐ _____ Incontinence Garment extra large
- MN ☒ _____ Special Garment (specify) cuffs
- MO ☐ _____ Glasses - RX: _____
- MZ ☒ _____ Other (specify) Barn shoe

No continual, repetitive, bending at the waist.
No continual, repetitive grasping with right hand.

D. Other:

- OA ☒ _____ Attendant to assist with meal access and other movement inside the institution. Attendant will not feed or lift the patient, or perform elements of personal hygiene. needs assistance with tray delivery
- OB ☐ _____ Therapeutic Diet (specify) _____
- OC ☐ _____ Handicap Table
- OD ☐ _____ Communication Assistance: ☐ Hearing ☐ Sight ☐ Reading/writing
- OE ☐ _____ Transport Vehicle with Lift
- OZ ☒ _____ Other (specify) Attendant to assist with cleaning cell

	Signature	Title	Number	Date
Completed By:	K. Wright	RN II	15432	10/7/99
Approved By:	Dr. Englegood			

SPECIAL ACCOMMODATION NOTICE

Patient Identification
Name: Williams, Timothy
Number: 173396
D.O.B.:

6-123

Distribution: White-Health Record, Canary-Record Office File, Pink-Counselor, Goldenrod-Prisoner

Joint Appendix Page 638

EXH. 6.7

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

4835-7244
CHJ-244 12/95

This form is to be completed only when medical condition or physical disability affects placement, housing, work assignment, or requires special supplies/equipment.

Necessary accommodations: If accommodations are temporary record date accommodation must be reviewed beside checkbox (HX ☐ _____ MM/DD/YY).

A. Housing:

- HA ☐ _____ Barrier Free/Wheelchair Accessible
- HB ☐ _____ Smoke Free
- HC ☒ _____ Ground Floor Room
- HD ☐ _____ Continuous Electric Power
- HE ☐ _____ Continuous Access to Toilet
- HF ☒ _____ Shower Chair
- HG ☒ _____ Bottom Bunk
- HH ☐ _____ Single-person Room
- HI ☐ _____ Sink/toilet in Room
- HJ ☒ _____ Extra Bedding/Clothing (specify) 2 extra sheets
- HK ☐ _____ Frequent Laundry Service ok / wheelchair
- HL ☐ _____ Geriatric Unit
- HZ ☒ _____ Other (specify) extra pillow

B. Work Assignment:

- WA ☒ _____ No Work Assignment-Temporary-Restriction
- WB ☒ _____ No Standing
- WC ☒ _____ No Heights
- WD ☐ _____ No Driving/Dangerous Machinery
- WE ☒ _____ No Lifting More Than 10 lbs
- WZ ☐ _____ Other (specify) _____

C. Medical Equipment/Supplies:

- MA ☐ _____ Limb Prosthesis (specify) _____
- MB ☒ _____ Brace (specify type) right wrist
- MC ☐ _____ Crutches
- MD ☒ _____ Cane (type) walking
- ME ☐ _____ Walker
- MF ☐ _____ Dressing/catheter/colostomy Supplies
- MG ☐ _____ Prescription Shoe (specify) _____
- MI ☐ _____ Dialysis - Peritoneal
- MJ ☐ _____ Wheelchair (type) _____
- MK ☐ _____ Contact Lens(es) & Supplies
- ML ☐ _____ Hearing Aid
- MM ☐ _____ Incontinence Garment
- MN ☐ _____ Special Garment (specify) _____
- MO ☐ _____ Glasses - RX: _____
- MZ ☒ _____ Other (specify) Elbow sling

No continuous extra fluids at meals or gasping with right hand

D. Other:

- OA ☒ _____ Attendant to assist with meal access and other movement inside the institution. Attendant will not feed or lift the patient, or perform elements of personal hygiene. Needs assistance with tray delivery
- OB ☐ _____ Therapeutic Diet (specify) _____
- OC ☐ _____ Handicap Table
- OD ☐ _____ Communication Assistance: ☐ Hearing ☐ Sight ☐ Reading/writing
- OE ☐ _____ Transport Vehicle with Lift
- OZ ☒ _____ Other (specify) Warrant for main D.H. clearance cell

	Signature	Title	Number	Date
Completed By:	K Wright	RN	15137	7/15/00
Approved By:				

SPECIAL ACCOMMODATION NOTICE

Patient Identification
Name: Williams, Timothy
Number: 173396
D.O.B.: 6-1-64

Distribution: White-Health Record, Canary-Record Office File, Pink-Counselor [redacted]

Joint Appendix Page 659

NOTICE TO ALL GOVERNMENT EMPLOYEES ...AT ANY AND ALL LEVELS

The law does apply to you, specifically Title 18 united States Code (U.S.C.) - Criminal Statutes.

The U.S.C. is private copyrighted law, implemented through administrative process and is lawfully binding on all contracting parties. Each individual public employee at any level of government, is a contracting party, through acceptance, consideration, oath, and performance. Please refer to Title 18 U.S.C. Section 1001, ...trickery, false statements and covenants: in other words if you, as a contracting public employee, have knowledge of a crime and conceal it, the penalty for not reporting the crime is $10,000 U.S.D. and/or 5 years in prison. Title 18 U.S.C. section 1018 covers false statements.

Title 42 U.S.C. section 1983-86 - anyone who has knowledge of a crime or damage to a person and withholds it is as guilty as the offending party.

To tie this all together:

1. If you work for ANY governmental entity, you are bound by the law, most specifically the State statutes and the United States Code.
2. The code, regulations and administrative process are binding under your employment contract.
3. As a paid professional, you are required to know the law and its effects.
4. When your agency or its employees commit a crime, and you are knowledgeable of said crime, you are bound under your employment contract to enforce the law. Failure to do so constitutes complicity in the crime.
5. No one can be immune from a criminal act, i.e. your agency cannot condone your unlawful acts and defend or protect you. You must and will stand in your individual capacity. Immunity does not attach when one steps out from under the umbrella called the law.
6. Two or more parties working in concert to commit a crime, or deprive anyone of their Constitutionally protected rights, is a conspiracy in fact and in law, and is punishable under the RICO statutes in Title 18 U.S.C.

NOTICE = KNOWLEDGE

7. Each of you, both individually and jointly, now have knowledge of the law, and as such, shall be prosecuted for your individual acts and willful violations of the law against the People of the united states of America and the Posterity as defined in the unanimous Declaration of July 4, 1776.

We, the People, will no longer tolerate our agents and employees in government perpetrating crimes with the impression that there will be no penalties or recourse "In Law."

Notice to any representative in government constitutes notice to all. It is the responsibility of the receivers of this Notice to notify all public employees at both the Federal and State levels. Failure to notice, constitutes no protection under the law. Ignorance of the law is no excuse. Maxim of law)

Declared and Ordered this 8th day of April, 1996.

Presiding Justice,

Supreme Court for the united States of America

Joint Appendix Page 70

Exh. 6.7

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 12/97
CSJ-247 B

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator at Step II: _____

Grievance Identifier [illegible]

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____ _____ by _____. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

STEP II--Reason for Appeal

See Attached.

STEP II--Response

Date Received by Step II Respondent:

Respondent's Name (Print) | Respondent's Signature | Date

Date Returned to Grievant:

STEP III--Reason for Appeal

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

EX 4

The step 2 response is erroneous, subjective, unresolved, and I hereby give formal 6-month prior notice before filing imminent Civil Action per MCL 600.2912(b) MSA 27.(e) 2912.

My grievance is that I am entitle, and is in need of full accommodation, under the Americans with disabilities Act (ADA). Yes, I have been partly accommodated. I have accommodations and also other disable needs. See Special Accommodations Notice attached. I have a birth deformity (Kasabach-Merritt Syndrome) and "Hemangioma Tumors" which I am currently experiencing excruciating pain as a result of being denied special accommodations which only add to the pain.

Proper placement under M.D.O.C. PD-05.01.140 "Prisoners Placement and Transfer." Yes, I do request that if I can't be accommodated here at ARF.

Mr. Williams-El is handicapped and therefore need to be housed in a barrier-free facility to meet his unique personal hygiene need; A sink with a turning knob to wash after bowel-movement etc.

The only accommodations that has been met is bottom bunk, and handicap shower!

ARF instituted a system by which prisoners cold address ADA concerns by filing a grievance which wold be forwarded to ADA Coordinator.

The grievance coordinator is hindering prisoners' due process by not conveying complaints to the ADA Coordinator.

The grievance system at ARF, however, has completely failed in addressing Mr. Williams' ADA and related issues.

The grievance coordinator have failed to address grievant's complaints in this regards: he can not make a judgement in this area because he's not qualified; rather, the ADA Coordinator is.

Discrimination, according to the U.S. Department of Justice regulations, is not an option: "A public entity "SHALL NOT" impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any service, program, or activity, unless such criteria can be shown to be necessary for the provision of the service, program, or activity being offered. "28 CFR 35.130(b)8)".

ADMINISTRATIVE REQUIREMENTS:

The responsibilities of the Warden, Deputy Warden, and Deputy of Housing regulatory references: 28 CFR 35.105-35.107; 35.150(c) and (d).
II-8.1000 GENERAL. Title II requires that public entities take several steps designed to achieve compliance. These include the preparation of self-evaluation. In addition, public entities with 50 or more employees are requires to:
(1) DEVELOP A GRIEVANCE PROCEDURE; (2) DESIGNATE AN INDIVIDUAL TO OVERSEE TITLE II COMPLIANCE; (3) DEVELOP A TRANSITION PLAN IF STRUCTURAL CHANCES ARE NECESSARY FOR ACHIEVING PROGRAM ACCESSIBILITY; and (4) RETAIN THE

EX 5

SELF-EVALUATION FOR THREE YEARS.

Mr. Williams-El need to be evaluated to address his housing needs. Mr. Williams-El is a qualified individual with a disability.

Police Directive 03.02.130 states under the heading STEP 1 GRIEVANCE COORDINATOR AT ¶R The Grievance Coordinator may respond at Step 1 to grievances which can be responded to with minimal investigation or rejected for reasons authorized by this policy. However, if the Grievance Coordinator responds to the merits of the grievance, a grievance interview must be conducted as required in ¶AA.

STEP 2 ¶EE The Grievance Coordinator shall assign an appropriate respondent and indicate the date by which the response is due. The respondents for Step 2 grievances shall be as follows: §1. The Warden in CFA facilities and SAI, except that s/he may delegate this responsibility to the appropriate Deputy Warden if more that one institution is supervised. IF the Warden supervises a camp, s/he may delegate this responsibility for camp grievances to the Assistant Deputy Warden at the camp.

§1. A public entity must examine each program to determine whether any physical barriers to access exist. It should identify steps that need to be taken to enable these programs to be made accessible when viewed in their entirety. IF structural changes are necessary, they should be included in the transition plan. (see ADA II-8.3000 TRANSITION PLAN) under Title II Technical Assistance Manual 1994 Supplement; heading II-8.2000 SELF-evaluation §1.

Submitted by,

Timothy Williams-El

Timothy Williams-El, #173396

Plaintiff's Exhibit J

EPARTMENT OF CORRECTIONS
PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Received at Step I 9/11/2002 Grievance Identifier: ARF 2002 09 1509 28H

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy L. Williams-el	173396	ARF	V57B-3	9-9-02	9-9-02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 9-9-02
If none, explain why. I was called out by pass. it was unresolved!

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Respondent's: A.D.W. Pass of [redacted] programs

Issue: Compliance with the Americans with Disabilities Act (42 U.S.C. 12101 et seq.)

Governing: II-I. 4000 Rehabilitation Act, Relationship to other laws:

Facts

On 9/4/02. I sent [redacted] A.D.W. Pass My request For Special Accommodation in response to Passes Memo. however, it was denied in part and I was not satisfied with MS. Pass Interview. [redacted] A.D.W. T. Williams-el
Grievant's Signature
Pass denied me the Full Equal benefits under The A.D.A. Cont.

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)
This grievance is of no merit as your medical detail states that you are to have a bottom bunk.
Your grievance is being returned to you without processing for the reason that it is without merit.
It doesn't state that you are to be in a handicapp room or cell. Also your grievance is unclea as to what other programs you are being excluded from, or that you have to participate in that you are not able to do. Your detail from health care covers what you are allowed or restricted from doing.

J Eatonq — Respondent's Signature — 9/11/02 Date — Reviewer's Signature — Date
J Eatonq — Respondent's Name (Print) — CRR Working Title — Reviewer's Name (Print) — Working Title

Date Returned to Grievant: 9/11/02
If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature — Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

Title II may not be interpreted to provide a lesser degree of protection to individuals with a disabilities than is provided under the law.

The A.D.A. strictly prohibits discrimination based on disability "Subject to the provisions of This ~~@~~ subchapter, No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity" 42 USC sec. 12132.

What Ms. Pass is saying is that "You are handicap, but I am only going to grant handicap Accessible needs as she see Fit, not as to what I am entitle to under the (ADA), "Deliberately INDIFFrent."

Qualified individual with disability' (1) Individuals who have a physical or mental impairment that substantially limits one or more major life activities; (2) Individuals who have a record of a physical mental impairment that substantially limited one or more of the individual's major life activities; and (3) Individuals who are regarded as having ~~had~~ such an impairment, Whether they have the impairment or not. to Simply say that I am not entitle to all benefits is discriminating

People commonly refer to disabilities or disabling conditions in a broad sense. For example, poverty or lack of education may impose real

limitations on an individual's opportunities.
Note:
I strongly feel that [redacted] A.D.W. Pass is acting out of retaliation due to a current civil action that I filed against her and other correctional officials at Jackson Cnl.

Ms. Pass stated "that she is not an expert -in A.D.A. And that I should go to health [redacted] care, [redacted] Health Care Nurses is not an expert either... However, Policy Directive 05.01.140, directs Mr. Pass refers to an "Onsite Health care Services Grid" to Assist in. Placing Prisoners with disabilities in Appropriate Facilities. Also see PD-03.01.140 at (E) Due to the ~~vigi~~ unique needs of Prisoner who....use wheelchairs" or" have other disabilities.

A Prisoner should make A request For reasonable Accommodations to the ~~Red~~ Resident unit ~~manage~~ Manager (RUM) of the Dept A.D.A. Coordinator, P.O. Box. 30003, Lansing, MI 48909, instead A.D.W. direct me to H/C.

This Grievance is written on A.D.W. Pass For Failure to Act, and retaliation and/or handicap Discrimination.

P.S. Let this grievance serve as a Preclude to Forthcoming civil Action!

T. Williams
T. Williams
173396

T.W.
CC: File

Exh. 6.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 9/18/02 [illegible] Grievance Identifier ARF0209010509Z8H

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: J. Tator by 9/23/02. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams	173396	ARF	15TB3	9-7-02	9-17-02

STEP II--Reason for Appeal The Step-1 Response is erroneous, Misleading/deceitful, Subjective, and Unresolved. I here by Give Formal 6-Month Prior Notice before Filing immi ent Civil Action Per-MCL 600.2912(b). 2Ta.291

See Attached:

STEP II--Response
The Step I Response is upheld. You offer no verifiable information or witness to support your claims. You offer no idication of any discriminatory acts. Your required accommodations have been met by this facility. Grievance denied.

Date Received by Step II Respondent: 9-18-02

Tom Bell — Respondent's Name (Print)
[signature] — Respondent's Signature
9/27/02 — Date

Date Returned to Grievant: 10/3/02

STEP III--Reason for Appeal ARF/MDOC Staff have not Complied with Michigan Statutes to respond With affidavit For Re solution Before imminent Litigation. Further, It is not about What Accommodation I require. it is What I need, E that I am A Qualified individual with a disability which ~~not~~ makes me entitle to All benefits. Without ~~the~~ Single ~~Handicap~~

NOTE: Only a copy of this appeal and the response will be returned to you. Call I suffer more Pa

STEP III--Director's Response is attached as a separate sheet. At risk of More Tumors Developi

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

Continue On Pg-2 Str A-2

DISTRIBUTION White--Central Office; Green - Canary --Step III, Pink--Step II, Goldenrod--Grievant

BEST AVAILABLE COPY

ARF-2002-09-1509-28-H

Step 2. Pg. 2 of 1 Williams-173396

The Grievant is dissatisfied with the respondent's response At step one (1). The Grievance Coordinator responded to the merits of the Grievance, PD-03.02.130 (R). Therefore, A Grievance interview must be conducted as required in Paragraph (AA).

I am Clear as to what I need, A "handicap Single cell." In any event, H/C has no Jurisdiction over the Americans with disabilities Act. (ADA). Only the RUM or A-Rum. (See Prisoner Guidebook, by Director Williams Overton, At Pg. 26).

Which states, A Prisoner should Make a request For a reasonable ACCommodation to the Resident Unit Manager (RUM) or Dept. of (ADA) Coordinator P.O. Box 30003, Lansing, MI 48909.

AFter consistently requesting For A Single handicap cell, On 9-9-02, A-Rum Risley signed me to one, (Accessable handicap Cell).

On 9-10-02, (RUO) Markwell, intentionally interfered with (A-Rum) Risley's Authority by going up to Mr. klee, Deputy warden of housing, both, Markwell, And klee Conspired together, And Moved me out OF the handicap Accessable Cell back to non-Handicap Cell, On 9-10-02.

ARF-2002-09-1509-28-H
Step-2- Pg. 3-of 2 Williams-173396

Since I transfered into this Facility (ARF) I have complained to (RUM) Williams, (A-RUM) Risley, (ADW) Pass, And The (Warden) D. Jamros From 8-11-02 [redacted]-9-9-02, And Health Care Supervisor Ms. Petterson.

All I received was the run Arounds, discrimination etc. All respondent's were, and still Are deliberately indiFFrent to Mr. Williams (ADA) needs.

I have also enclosed, The necessary law, Policy etc. in suport of My request/ complaint, See Attached Exhibit ("A").

There is A Conflict of interest to (ADW) Mary-Jo [redacted] Passes, Obligations to my (ADA) needs, due to a civil matter Shes been included in. (See civil case in Part attached to this Step (2).)

That is WHY (ADW) Mary-Jo Pass Refused to Act on my (ADA) issues. As a result of being denied handicap cell only Adds to the Pain I am exPrienc-ing From The Tumors in my Fingers, hAnd, Arm, and right-Arm bicep. See Medical records Attached (exhibit A, & B)

T. W.
CC: File

T. Williams
T. Williams-173396
Lack-157 B-3
ARF

Step 3, pg. 2 of 1-ARF-0209-01609-28-H
Williams-173396 date 10-5-02.

Prisoner williams-173396 will suffer IRReparable Injury/Harm if his special ACCOmmodations are ~~a~~ not meet

1) Continued pain and its myriad of effects, From loss of sleep, Mental, emotional and Other psychological injury/harm;

2) Permanent damages From my room-mate running iNto my hand/Arm, Pain and Suffering From not being able to relax my hand/~~arm~~ arm in a Comfortable position to ~~help~~ help ease some pain in my Fingers & arm & ~~bi~~ b.icep.

3) Pain and Suffering From my room-mate Const-antly running into my Arm, Cell is not ~~a~~ b.ig-enough.

4). The Combination of the above, and the other items not listed, render the decision of (ARF) the MDOC to be grossly Violative of the Constitution, (ADA), and Rehabilitation Act, and equal protection of the law. "Requested", A Single handicap cell is ~~need~~ needed to ~~be~~ better my quality of living Conditions of Confinement.

Joint Appendix Page 81

Ex 4.b.

THIRD STEP GRIEVANCE RESPONSE

Williams # 173396
ARF 02 09 1509 28h changed TO 28A

The Grievant presents an issue which makes a vague allegation regarding ADW Pass denying a request for special accommodation. The grievance was processed at the local level according to the provisions of Policy Directive 03.02.130 (Prisoner/Parolee Grievances) and Operating Procedure 03.02.130 (Prisoner/Parolee Grievances).

This investigator has reviewed the documents presented with the appeal to Step Three. All relevant information was considered. The grievant was not specific as to the acts of ADW Pass which he believes offended the grievant in some way. In his Step Two appeal, the grievant included actions by Officer Markwell, again complaining about the Grievant's removal from a handicap cell. In the Step Three appeal, the Grievant violated PD 03.02.130 by writing in the margins of the appeal form, making part of his grievance illegible. This grievance is rejected as vague, illegible and for being a duplicate grievance to ARF 02 09 1507 28c. **The Step Three Appeal is denied.**

This grievance is considered frivolous for being a duplicate issue to two other grievances and not providing any information to support the allegations made. The Grievant has acted without a good faith effort to resolve an issue, but writes in his Step One grievance, "let this grievance serve as a preclude to forthcoming civil action" (sic).

Michael A. Powell

NOV 07 2002

Approval Signature: _____ Date: _____
#8/11-6-02/28h to 28a
cc: Warden
Grievant

13/53

(Plaintiff Exhibit "J")

PRISONER CORRESPONDENCE

Date: August 30, 2002

From: M.J. Pass, ADW of Programs

157B3

To: Williams, T., #173396, ~~219-B-3~~

Subject: ADA Request

A review of your medical file indicates a current special accommodation notice. I spoke with ARUS Bechler about this accommodation. You should receive those things as listed through his office. Further, a work order has been submitted to have maintenance extend the length of time the faucets run when pushed.

If you have any questions or concerns, feel free to "kite" me.

MJP/jr

cc: ADA file

Exhibit "J"

To: M. J. Pass A.D.W OF Programs

(Plaintiff 1
Exhibit "11"
page 1 of 2

From: T. Williams-173396
157 B-3

Subject: Memo. response

September 4, 2002

Dear Sir or Madam,

I Just received your response dated August 30, 2002. however, I have submitted my A.D.A requests on A standard Form to make proper record. Also you stated that if I have any questions or conceins, Feel Free to kite you. I would like to say that From my INFO. There will be A handicapped Single Cell open on 9-6-02, cell-131-3 ! I hope we can resolve This A.D.A. issue, because my handicap is no ~~faster~~ Laster Then the other handicappers.

Sincerely,
T. William
T. Williams-173396
157 B-3

T.W.
CC: File

Plaintiff's Exh. "B" + Pg. 2 of 1 J-F "J"

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER ACCOMMODATION REQUEST

4835-0707
CAJ-707 12/94

Please type or print and return to Accommodation Coordinator. Information contained on this form is classified as Confidential to the extent permitted by law. Please complete form and note that this accommodation request cannot be processed unless the accommodation request has sufficient information on your needs, to determine if accommodation can be made.

1. Name: Timothy Williams
2. Location: A. R. F.
3. Facility / Community Center: Adrian
4. Lock#: 157 B-3
5. Name of RUM Prison Counselor or PPO: Warden, and A.D.W. of Programs

6. Describe what programs, services or activities you are requesting to participate in:

A.D.A., A public entity must offer separate or special accommodation when necessary to provide individuals with disabilities an equal opportunity to "Benefit" from all programs. Designed to meet the needs of the individual with disabilities, but are not limited to.

7. Describe in your own words the limitations caused by your condition for which you are requesting accommodation(s). Use additional pages if necessary.

I cannot rest my arm without additional space to write letters etc. Additional shelves in needed. I suffer from Hemangiomus Tumors due to birth deformity.

8. Describe any accommodations you believe would be of benefit in order to participate in services, programs or activities.

Handicap single cell, with additional locked shelves; a accessibility writing surface to rest my arm while writing; legal work etc. My arm have painful tumors, and hand. Handicap assistant to assist in cell cleaning. All sinks need adjustments to run longer.

9. Date Submitted: 9-4-02
10. Prisoner Signature: Timothy L. Williams
11. Facility / Office Location: Warden

Distribution: White - Warden/Regional Administrator; Canary - EEO Office; Pink - Prisoner

T.W.
Encl.
Warden,
A.D.W. OF Prog...
A.R.F

Plaintiff Exhibit

MICHIGAN DEPARTMENT OF CORRECTIONS

"Expecting Excellence Every Day"

MEMORANDUM

DATE: September 9, 2002

TO: Williams # 173396 157 - B -3

FROM: Mary-Jo Pass, ADW

SUBJECT: ADA Request

This is response to your ADA request. As discussed at our 9-9-02 meeting you should contact health services if you believe that you require more accommodations then you are currently receiving. If they concur with your request notification will be made to the ARUS. At that time if I need to intercede I will. Your request for an assistant has been approved by Health Services and will be adhered to .. Further, a work order will be completed to length the sink time in the bathroom on your wing only.

With regard to the form you submitted these were drafts which were never approved according to Central Office.

Should you require any further information feel free to contact this office.

cc: B. Peterson, HUM
M. Harpst
file

Exhibit "K"

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I: 9/11/2002 Grievance Identifier: ARF 2002 09 1507 28C

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams-el	173396	ARF	131 B-3	9-10-02	9-10-02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 9-10-02
If none, explain why. By trying to resolve with officer involved. Unresolved.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On 9-10-02, officer A/O. Markwell stoped me ~~at the~~ when I came back from the Chow-Hall around 7:56 Am He stated to me" how in the Fuck you get A handicap assistant, And A handicap cell." I respond And Asked the officer not to swear at me. Mr. Markwell then stated "Fuck you, I do not give a Fuck, Theres nothing wrong with you!" "You Are Capable of assistant your on Fuck-self" I Then walked Away. However, when I came back and showed him my medical detail And Accommodations he again swear at me. I then realized There was no use in trying to talk to officer Markwell. However, I then went to school. Around 9:10. Am I was Call Out

T. Williams-el
Grievant's Signature

or next page-a-

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)
This grievance contains several issues one being that you were moved from a handicapp room to a bottom bunk, which is of no merit as your health care detail reads bottom bunk, nothing about a handicapp room/cell. You medical rights were not violated as the housing unit gets a copy of your medical detail/s. The last issue is the statements made to you by the staff member.

Your grievance is being returned to you without processing for the reason that you are in violation of PD-03.02.130. This procedure states that you must limit your grievance to one (1) issue per grievance. You have included more than one (1) issue as prescribed in this procedure. Grievance denied at first step.

J Eaton
Respondent's Signature
J Eaton
Respondent's Name (Print)

9/11/02
Date
CRR
Working Title

Reviewer's Signature
Date
Reviewer's Name (Print)
Working Title

Date Returned to Grievant: 9/11/02

If resolved at Step I, Grievant sign here.
Resolution must be described above.
Grievant's Signature
Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

Out by OFFicer Markwell. When I returned to the unit he told me to move back to 157B-3 non-handicap cell.

Note: A-Run Mr. Risley signed me to a handicapped cell on 9-9-02.

I discoved that OFFicer Markwell ~~went~~ had went to health care to seek information about my medical condition ~~off~~ out of my medical file while I was in School. Apparently, someone in health care told him or gave him info. I later learned that OFFicer Markwell left health care and went up to Deputy Killee, and Mr. Killee ordered ~~to~~ me to move out OF the handicap cell, and back to the Non-handicap cell.

Note: R.U.O Markwell did not only violate my A.D.A right, but he also violated my confidentiality medical rights by going to look or Ask about my medical condition.

R.U.O. Markwells duty is to only Follow the law, A.D.A law. Not to Abuse his Authority, And retaliate ~~against~~ Against For simply trying to get special ACCOMmodated, For something I am entile to.

In Any event, R.U.O. Markwell used profanity At me. humiliated me in Front of All Prisoners. He retaliated against me, and abused his Authority by going to Deputy Killee OF housing to have me moved ~~out~~ of handicap cell. P.S. Let this Grievance Serve as a Preclude to Forthcoming Civil Action

T. Williams
T. Williams

Exhibit

MICHIGAN DEPARTMENT OF CORRECTIONS
4835-4248 12/97
CSJ-247B

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator at Step II: 9/16/02 JLC

Grievance Identifier: ARF-10-2-C-910-15-0728-C 8

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: J. Cater by 9/19/02. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams	173396	ARF	157B-3	9-10-02	9-14-02

STEP II--Reason for Appeal The Step-2-Responde is erroneous, Subjective, Unresolved. And I hereby [redacted] give Formal 6-Month Prior Notice before Filing imminent Civil Action Per MCL 600.2912(b) [redacted]. MSA 27a.2912. My grievance is that, RUO Markwell used Profanity at me, Humiliated me in Front of everyone, And interfered with medical Treatment, Special Accommodations Violating My right. Continue

STEP II--Response

The Step I Response is upheld. Your appeal to this level continues to cite multiple issues. RUO Markwell denies using the language you quote. You have no ADA Accommodation which requires a handicapped cell. There has been no violation of the confidentiality of your medical file. You offer no verifiable information or witness to support any of your claims. Grievance denied.

Date Received by Step II Respondent: 9-16-02

Tom Bell — Respondent's Name (Print)
Tom Bell — Respondent's Signature
9/27/02 — Date

Date Returned to Grievant: 10/3/02

STEP III--Reason for Appeal ARF/MDOC Staff have not Complied with Michigan Statutes to respond with Affidavit For Resolution before imminent litigation. With all due Respect to Mr. T. Bell. This response is Ludicrous, IF NOT outright ~~ob~~ Unfounded, Under the Facts in this Complaint. See Attached Medical Records etc.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office Green - Canary--Step III, Pink--Step II, Goldenrod--Grievant

Pg. [redacted] LKF-02-09-1509-28-R

Step-2 Grievance

First. Grievance Coordinator once again responded to the merits ~~in~~ of the's grievance. Therefore, A interview must be Conducted.

Second. The step II response is only another delaying tactic; to cover-up staff corruption. And harassment simply because I Am Complaining of Wrongdoing.

Then. The respondant states that. My grievance contains severl issues. well. it does not. I [redacted] mention the handicap cell which lad-up to the officer (RUO Markwell) conduct And/or Personal behavior. See PD-[redacted] 02.03.100. Attachment A First Rule Violation, No. 1, 2, 5, 13, 35.

RUO Markwell. had no jurisdiction to Interfere with Any (ADA) issues, Specially. When (A-RUM) Risley ~~#~~ Signed me to A handicap cell For handicap ACcommodations Purposese! Per- Prisoner Guidebook. At (Pg. 26). The Resident Unit Manager (RUM) or (ADA) Coordinator in Lansing has jurisdiction in the (ADA) Area. In this (Rum) Apparently. The ADA responsibility was delegated to A-Rum Risley.

RUO's shall be Assigned specife Areas of responsibility For Purposes of housing And sanitation, see PD-04.03.102 At Pg. 6,(Z)

173396

T. Williams

T. Williams

Joint Appendix Page 91

EXH. 5.2

AIDS AND HEPATITIS B PREVENTION PROGRAM

Source: Policy Directive 03.04.120

Blood-borne diseases such as AIDS and Hepatitis B continue to present a serious health threat. Blood-borne/sexually transmitted diseases such as AIDS and Hepatitis B are not transmitted by casual contact, but may be transmitted through contact with blood or other bodily fluids. Whenever bodily fluids are present, universal precautions must be taken.

As stated in Policy Directive 03.04.120, prisoners are tested for communicable blood-borne diseases. The Policy Directive also provides direction regarding those who refuse to cooperate with testing and those who have positive tests. For additional information regarding this matter, see Policy Directive 03.04.120.

Also, for more information, contact the medical staff at your facility or the AIDS Coordinator, Michigan Department of Corrections, Bureau of Health Care Services, P.O. Box 30003, Lansing, Michigan 48909.

MENTAL HEALTH SERVICES

Sources: Policy Directive 04.06.180
Policy Directive 04.06.183
Policy Directive 05.01.120

Mental health services are available to prisoners. Those services are available in settings ranging from hospital care to counseling services. Prisoners who believe they need mental health services should contact health care services at their facility through the facility's "kite" system.

The above Policy Directives provide additional information about mental health services.

PRISONERS WITH DISABILITIES

Qualified Prisoners with disabilities will not be discriminated against. Prisoners with disabilities are provided reasonable accommodations so they can participate in programs, services and activities. Prisoners will be evaluated for disabilities when they are processed in the reception center. Information regarding a prisoner's disability is treated as confidential.

A prisoner should make a request for a reasonable accommodation to the Resident Unit Manager (RUM) or the Department ADA Coordinator, P.O. Box 30003, Lansing, MI 48909.

Joint Appendix Page 92

EN.1.07

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 9/16/02 JC

Grievance Identifier ARF102109101507284

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal at both Step II and Step III.

RECEIVED
OCT 16 2002
MICHIGAN DEPT. OF CORRECTIONS
PRISONER AFFAIRS

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: J. Caton by 9/19/02. If it is not submitted by this date, it will be considered untimely.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams	173396	ARF	157B-3	9-10-02	9-14-02

STEP II--Reason for Appeal The Step-2- Responde is erroneous, Subjective, Unresolved. And I hereby [redacted] Give Formal 6-Month Prior Notice before Filing imminent Civil Action Per MCL 600.2912(b) [redacted]. MSA 27a. 2912. My grievance is that, RUO Markwell used Profanity at me, Humiliated me in Front of everyone And interfered with medical Treatment Special Accomodations Violating My right. Continue

STEP II--Response

The Step I Response is upheld. Your appeal to this level continues to cite multiple issues. RUO Markwell denies using the language you quote. You have no ADA Accommodation which requires a handicapped cell. There has been no violation of the confidentiality of your medical file. You offer no verifiable information or witness to support any of your claims. Grievance denied.

Date Received by Step II Respondent: 9-16-02

Tom Bell
Respondent's Name (Print)

Tom Bell
Respondent's Signature

9/27/02
Date

Date Returned to Grievant: 10/3/02

STEP III--Reason for Appeal ARF/MDOC Staff- have not Complied with Michigan Statutes to respond with Affidavit For Resolution before imminent litigation. With all due respect to Mr. T. Bell. This response is Ludicrous, IF NOT outright confounded, Under the Facts in this Compliant. See Attached Medical Records etc.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

Exhibit

131-B

THIRD STEP GRIEVANCE RESPONSE

Williams # 173396
ARF 02 09 1507 28c

The Grievant presents an issue which alleges harassment by RUO Markwell because he called Health Care to establish a need for the handicap cell, into which the Grievant had been placed. The Grievant also alleges that the officer used profanity toward the grievant and interfered with the Grievant's medical treatment by having him moved to a bottom bunk in a non-handicap cell. The Grievant believes that these actions violate the Americans with Disabilities Act (ADA). The grievance was processed at the local level according to the provisions of Policy Directive 03.02.130 (Prisoner/Parolee Grievances) and Operating Procedure 03.02.130 (Prisoner/Parolee Grievances).

This investigator has reviewed the documents presented with the appeal to Step Three. All relevant information was considered. Based on the review, this writer finds the responses provided at Step One and Step Two adequately address the merits of the main issue grieved. The Grievant has failed to provide sufficient information to substantiate his allegations through witnesses or other verifiable information. No medical records or Special Accommodation Notice was provided to illustrate that the grievant should have been placed in a handicap cell, for medical reasons, as he indicated. No proof of any special or reasonable accommodations has been provided to this office. Therefore, no violation of policy has been demonstrated and no further action is warranted. Because the information provided to this office does not support the Grievant's allegations, **the Step Three Appeal is denied.**

The Grievant has not demonstrated a good faith effort in attempting to resolve an issue, but only makes reference to his use of the grievance process as a means to litigate. With no medical documentation to verify the claims made in this grievance, this grievance is considered frivolous.

Approval Signature: Michael A. Powell Date: NOV 07 2002
#8/11-6-02/28c
cc: Warden
Grievant

Exhibit "L"

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 9/11/2002 Grievance Identifier: ARF 2002 09 1508 28H

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams	173396	ARF	157B3	9-10-02	9-10-02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 9-10-02
If none, explain why. I went to Case Manager Risley, it was not resolved.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Respondent: Deputy Warden of Housing; ~~Kllee~~ P. Klee

ISSUE: Conspire to commit Conspiracy in a Criminal Act:

FACTS:

This Grievance is being writen on Deputy Warden ~~Kllee~~ P. Klee For his part in a conspiracy Act Criminal Act. Deputy ~~Kllee~~ P. Klee conspired with R.U.M. Markwell to remove me from a handicap cell, after Case manager Risley had signed me to a handicap cell on 9-9-02. Deputy Wardens has no Authority When dealing with Prisoner disabilities. ~~Only A-Rooms & Room, ADA Coordinator in training~~ (See Prisoner Guidebook by D.C. William

T. Williams
Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.) overto P.2.6

This grievance is of no merit as your helath care detail only states in part that you have

Your grievance is being returned to you without processing for the reason that it is without merit.

a bottom bunk and not a handicapp cell/room. Per your detail you are in a bottom bunk and provided the other provisions listed on your detail. You also failed to talk to or kite ADW Klee before writing the grievance.

Respondent's Signature	Date	Reviewer's Signature	Date
J Eaton	9/11/02		
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title
	CRR		

Date Returned to Grievant: 9/11/02	If resolved at Step I, Grievant sign here. Resolution must be described above.	Grievant's Signature	Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

Exhibit

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 9/16/02 JLL

Grievance Identifier: ARF 02 09 0015 C 5128 H

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: J. Estes by 9/19/02. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams	173396	ARF	157B-3	9-10-02	9- -02

STEP II--Reason for Appeal The Step-2 Responde is erroneous, Subjective, Unresolved, and I hereby Give Formal 6-Month Notice before Filing imminent Civil Action Per MCL ~~6000~~ 600.2912B: MSA 27a.2912. My Grievance is that Deputy Warden of housing Conspire to Commit Conspiracy in a Criminal Act. with C/O and/or R.U.O. Markwell to remove me From A handicap cell After A-Lvm Risky moved in me in one to Accommodate me. -1-

STEP II--Response

The Step I Response is upheld. You have no ADA Accommodation which requires you to be housed in a handicapped cell. You offer no verifiable information or witness to support your claims. There does not appear to be any violation of any Policy, Procedure, Rule, or law in this matter. Grievance denied.

Date Received by Step II Respondent: 9-16-02

Tom Bell — Respondent's Name (Print)
Tom Bell — Respondent's Signature
9/27/02 — Date

Date Returned to Grievant: 10/3/02

STEP III--Reason for Appeal ARF/MDOC. Staff have not Complie with Michigan Statutes to respond with Affidavit for Resolution before imminent Litigation. Tom Bell has, and had the Authority remedy the Conspiracy Act of MCKlee by ordering Klee and (R.U.O) Markwell: Place me back in the Single handicap cell. Refused to do so!

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office, Green - Canary--Step III, Pink--Step II, Goldenrod--Grievant

Pg. 2 OF 1 9-13-02

Williams-#-173396, ARF-29-1508-28H

Deputy ~~warden~~ of Housing klee, Acted out of his Job responsibility. According to the law, And Polity. Mr. klee had ~~no~~ no, jurisdiction over the A.D.A. to decide Who will be ~~no~~ Accommodated.

Also, According to Michigan Dept. of Corr. Prisoner Guidebook Director of M.D.O.C. William Overton, implomented At Pg(26) He Stated.

" A Prisoner should make a request For a reasonable Accommodation to the Resident Unit Manager (RUM) OR the department ADA Coordinator, P.O. Box 30003, Lansing, MI 48909. Not H/C!

I Also enclosed herewith the Necessary law, Polity, and Authority in Suport of Conspiracy, And A.D.A. Claim.

With a man of Deputy klee position he should know or should have known that he had no jurisdiction to Act on such a Area of law!

T.W.

Cc: File

T. Williams

T. Williams

#173396

Exh. 3.7

THIRD STEP GRIEVANCE RESPONSE

Williams # 173396
ARF 02 09 1508 28h changed to 28a

The Grievant presents an issue which alleges a criminal conspiracy with the ADW of housing acting with Officer Markwell to deprive the Grievant of a handicap cell. The grievance was processed at the local level according to the provisions of Policy Directive 03.02.130 (Prisoner/Parolee Grievances) and Operating Procedure 03.02.130 (Prisoner/Parolee Grievances).

This investigator has reviewed the documents presented with the appeal to Step Three. All relevant information was considered. This issue is determined to be a duplicate issue to ARF 02 09 1507 28c, and is rejected as a duplicate grievance. **The Step Three Appeal is denied**.

This grievance is considered frivolous and the grievant has acted without a good faith effort to resolve his issue, by indicating that this purpose in filing the grievance is to litigate, regardless of any response received.

Approval Signature Michael A. Powell Date NOV 07 2002
#8/11-6-02/28h to 28a
cc: Warden
Grievant

Plaintiff's Exhibit M

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 10/1/2002 Grievance Identifier: ARF 2002 10 1646 1211

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams-el	173396	ARF	157B-3	9-20-02	9-25-02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 9-18-02
If none, explain why. Corresponding, And receiving response from Nurse supervisor B. Petterson. Unresolved.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Respondent: Supervisor, B. Petterson

Issue: Special Accommodations, (ADA) (42 U.S.C. 12101 et seq.)

Governing: PD-04.06.160,(E), PD-05.01.140 (MM) PD-03.03.130 (H) (k-3, 4, and 5).

Facts: Around or On 9-18-02, I once again requested ACCommodations that day; during examination with Dr. Mustafa. I explained to the Doctor the Pain that I was experiencing without additional space. T. Williams-el
Grievant's Signature
Dr. Mustafa M.D. said he will get back After Continue Pg. -2-

RESPONSE (Grievant Interviewed? ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Per P.D. 04.06.160 E. Health Services has provided the necessary accomodations to provide reasonable options to meet grievants special medical needs.

Linda Anderson 10/11/02 Dana-Jean Biro 10-11-02
Respondent's Signature Date Reviewer's Signature Date
Linda Anderson RN III DANA-JEAN BIRO MRESII
Respondent's Name (Print) Working Title Reviewer's Name (Print) Working Title

Date Returned to Grievant: 10/14/02 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

Joint Appendix Page 101

Pg. 2 OF 1
Williams-173386 9/24/02

He talke with R.N. Supervisor B. Petterson. On 9-19-02, I sent kite to Ms. Petterson And she responded denying request For handicap Single Cell, Stating that, "The handicap cell are to accommodate wheel-Chair. (See Attached kite)

R.N. Pettersons, respond is only Another delay, or deny tactic; nothing is being done to accommodate my painful handicap condition.

I have explained ~~and~~ over and over again why I need Single handicap cell. (see EXhibit "B" Attached). The kite response is designed to give the impression that,

PD-05.01.140 only accommodate Single cell, if you are in a wheelchair. At (M M) it States, Due to the unique needs of prisoner who... use wheelchair "or" have other disabilities. R.N. Supervisor B. Petterson have ~~acted~~ constructed, And instituted her own policy. (See policy, PD-04.06.160. (E), EXhibit "C" Attached), And other governing Authority Attached "EXhibit "D").

PD-03.03.130, (k) (1, 2, 3, 4,) prohibition Corporal punishment. I am experiencing alot of distress, degradation, And humiliation.

Continue →

And
~~A~~ Pain. My Condition is very, very, Serious. (see Medical information Exhibit E-1- 8 pgs Attached). With a light touch it causes Alot of Pain!

Simply stating that handicap-cells Are only For wheelchair only will not satisfy the Federal Statute.

T. W.
CC:

T. Williams
T. Williams-173396
157 B-3

#173396 Exh. 6.2

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care 4835-7549 CHJ-5499/00

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Williams

NUMBER: 173396 | LOCK: 15TB-3 | DATE: 9-19-02

B This Health Care Request is for the following (check one or more): ☐ Health Record Copies ☐ Dental ☐ Medication Refill ☒ Medical ☐ Optometry ☐ Mental Health ☐ Non-urgent ☒ Urgent

C I have the following problems/symptoms: I was over in H/C seeing the Doctor on some (ADA) issues. One being, A Pair of "Velcro Shoes" Sizes 11½, Athletic, & State Black ~~or~~ Shoes. due to I only have one useable hand. Also, what is the progress on me being accomadicated with a handicap accessable cell, Single? DOC. said he needs to talk with you Ms. Petterson, concerning the ~~a~~ Single Cell matter.

D NOTICE TO PRISONER

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds and Prisoner Organization Accounts".

L. Williams

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged $3.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $3.00 may be taken from my account.

Prisoner Signature: Follow-up care Date: 9-19-02

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

Mr. Williams The Velcro St. tie Shoes have been ordered. No Order from MD for athletic shoes. Why would you need a single cell or accessories. Your last one ck. & did Fine with a Point That's matter. The single Cell

RECEIVED SEP MEDICAL RECORDS PRISON CENTER

An appointment has been scheduled for you on: to accommodate Wheelchair

Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:
- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of _____ (Date) and certify none of these exceptions apply.

Signature: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

Exh. 6.9

MICHIGAN DEPARTMENT OF COR TIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 10/22/02

Grievance Identifier ARF 021 901 64 12 I 1

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: J. Eaton by 10/23/02. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williams-el	173346	ARF	A1578	9-20-02	10-19-02

STEP II--Reason for Appeal

SEE ATTACHMENT - EXHIBIT "1"

STEP II--Response

Date Received by Step II Respondent: 10-22-02

See Attachment

Jan Egg RHA — Respondent's Name (Print)

Respondent's Signature

11-4-02 — Date

Date Returned to Grievant: 11/4/02

STEP III--Reason for Appeal

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

EXHIBIT "1"

Grievant is contesting the step one response by claiming that Ms. Pettersen was evasive to questions presenting by the grievant. Not only that, her response was frivelous concerning the facts of law. On grievant behalf, the law is clearly established supporting his contention.

First, as a matter of law, the situation can be resolved by acknowledging the following facts:

(1) Grievant is legally handicap.
(2) A single handicap cell will improve Grievant living condition by providing adequate mobility to the grievant.
(3) Under the A.D.A. statute grievant qualify for disability.

As stated under A.D.A Title II, 3.4000, sets criteria's for separate/integration setting. It states as following, "a primary goal of the A.D.A. is the equal participation of individuals with disabilities in the "mainstream" of American Society. There are factors which that come into play dealing with disability person. One being, individuals with disabilities must be integrated to the maximum extent appropriate. The second being, individuals with disabilities cannot be excluded from the regular program, or required to accept special services or benefits. The actions of A.R.F Health Department goes against A.D.A. procedures governing handicap person.

The U.S. Supreme Court has consistently upheld that in regards to prisoner if he/she is handicap they shall be entitled to the full equal protection clause. Specially, the Court has stated that, prisoner do not surrender their rights to equal protection. A.R.F. Health Service Facility Manager by not providing grievant with the proper accommodation by placing him in a single cell. Proves that this individual actions are discriminatory. Grievant further believes due to his handicap which makes him disability person entitling him to the full protection of law violates the Federal Constitution. The A.D.A statutes states, ..."the prison authorities must take the prisoner medical condition and provide him/she with compatible accommodations in compliance to his physical condition".

A handicap cell will equip the grievant with necessary accommodation which will cure and ease any future hardship. Grievant condition is an ongoing medical problem. See Medical Records For Reference Which Is Illustrated In Step One Grievance. In response to step one response their application of policy is erroneous and subjects grievant to improper medical treatment. At this time, I hereby give this Department a formal notice of Six Month before filing an imminent Civil Action under MCLA 600.2912b; MSA 27a.2912.

This grievance is against Health Facility Manager Bonnie Petterson who has violated my equal protection rights. Grievant authority derives from U.S. Constitution Amendment Eight and American Disability Act of 1990, Sect. 3, 202, 42 U.S.C.A. §12102, §12132; and Title II of Rehabilitation Act, Sec. 504 (1973). In conclusion, she substantiate her position by stating and quoting PD 04.06.160 (E), "H/C has provided the necessary accommodations to provide reasonable options to meet grievants special medical needs". The option is not reasonable! This same policy states, "whenever a prisoner is identified as having a medical condition which restricts his/her ability to function adequately in the institutional environment, a qualified health professional shall identify reasonable option available in a corrections setting which will meet the

prisoner's special medical need". As you can see Ms. Pettersen did not take this portion of the policy into consideration when applying grievant facts to the situation. This policy supports the contention that if a prisoner is handicap it has within it authority to make the appropriate accommodation for a handicap prisoner. Grievant meets the requirement for placement in a single cell due to his medical condition.

T. Williams-el

Ex. 6.7

MICHIGAN DEPARTMENT OF CORRECTIONS

"Expecting Excellence Every Day"

MEMORANDUM

DATE: 11/4/02

TO: - Timothy Williams #173396

FROM: Jan Epp, BSN, RN, Regional Health Administrator
Region III

SUBJECT: **Step II Grievance Response**
Grievance # ARF 02 10 01646 1211

I have reviewed your Step I Grievance Response and your Step II Reason for Appeal. You were interviewed by Linda Anderson, RN, Nursing Supervisor, on 10/11/02.

Step I you allege that you requested a special accommodation from Dr. Mustafa, however, you never received it.

The Step I Response indicates that per PD 04.06.160E Health Services has provided the necessary accommodations to provide reasonable options to meet your special medical needs.

At Step II you allege that you are legally disabled. You also are requesting a single handicap cell, which will improve your mobility. You assume that you qualify for this room due to your A.D.A. status.

Investigation reveals that you have a diagnosis of hemangiomus tumors of the right hand and wrist. You have a special accommodation for a wrist brace. There is no documentation in your health record that indicates that you are disabled, therefore, there is no violation of the American Disability Act. You were evaluated by the Medical Service Provider and it was determined that you do not meet the criteria for a single room in accordance with the MDOC guidelines.

Exhibit 7

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 10/22/02

Grievance Identifier ARF021901646I2I

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: J. Eaton by 10/23/02. If it is not submitted by this date, it will be considered terminated.

Received OCT 24 2002 Region III Health Services

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Timothy Williamson	173346	ARF	B157E-3	9-20-02	10-17-02

STEP II--Reason for Appeal

SEE ATTACHMENT-EXHIBIT "1"

STEP II--Response

Date Received by Step II Respondent: 10-22-02

See Attachment

Jan Epp RHA
Respondent's Name (Print)

Respondent's Signature

11-4-02
Date

Date Returned to Grievant: 11/14/02

STEP III--Reason for Appeal

SEE ATTACHED "EXHIBIT 2"

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION White--Central Office, Green - Canary --Step III, Pink--Step II, Goldenrod--Grievant

Step-3

EXHIBIT "2"

Grievant believes Ms. Epp (Regional Health Administrator) failed to review his medical files thoroughly. Her position that I have been provided the necessary accommodations which meets my medical needs is outrageous. If were afforded special accommodations are you saying the wrist brace constitutes special accommodations? If so, I would like to bring to your attention I was never provided a wrist brace. I was examined and measure by D.L.W. therapist to see if it would fit. At this time, I do not posses a wrist brace. Once you have reviewed my medical files you will find out that none was ever provided.

Now, on the aspect that I don't fall within the realm of being legally disabled is contrary to my medical condition. In your response you acknowledged that I have a medical condition of hemangiomus tumors on my right hand and wrist. Knowing the symptoms the Medical Service Provider is aware that my condition place limitation on my mobility. Please take notice I am unable to do the things an ordinary person can do. Therefore, I shall be afforded a single handicap cell. This Health Service for some strange reason keeps contending I don't qualify because the Medical Service Provider (A.R.F.) does not believe my condition qualify as such accommodation. What I would like to bring to your attention that prior to transferring here I was provided a single handicap cell at Stanis Correctional Facility. A grievance was written against that facility and after a consulting Dr. J. Hoffman (S.M.F.) made some adjustment to the handicap cell by adjusting the cell sink to meet my medical needs. See attached "Memorandum" dated 7-3-02, clarifying that I was once confined to single handicap cell. At this time, I am requesting that I be review again by a Medical Service Provider with a complete review of my medical files.

T. Williams

T. Williams, #172396 (157-E-3)

MICHIGAN DEPARTMENT OF CORRECTIONS

"Expecting Excellence Every Day"

MEMORANDUM

DATE: July 3, 2002

TO: Grievance Coordinator, M. Raines

FROM: Step I Grievance Responder **(Vaughn A. Stewart, Ass't. Business Mgr.)**

SUBJECT: Step I Grievance Response
Grievance #SMF-0206-1384-03F
RE: **(Timothy Williams, #173396, #4-121)**

The grievant was not interviewed. The grievant alleges **that on 06/13/02 he sent the case manager a kite requesting that Maintenance adjust the water in his cell.** Investigation of the grievant's issue reveals **that the cell the inmate is presently housed in is a handicap cell, and it is functioning as designed. Maintenance will make the necessary adjustments to the sink so that the water will run longer and allow the inmate the ability to maintain the appropriate hygiene.**

DR:jo

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I _____ Grievance Identifier: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

What attempt did you make to resolve this issue prior to writing this grievance? On what date? [illegible]
If none, explain why. [illegible]

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

[illegible] (Continued) on Time I was placed in Detention Upper Slot Retention for an Assault [illegible] Victim (An Inmate) About 1½ Months Ago (A white Prisoner) Grass 223745, Received The Same Assault [illegible] Victim But He Was Not Given Detention Slot Out Only 30 Days (60) At The Most. This Is Clearly A Just Issue, Unfair & Unjust Would be [illegible] Should (Like) [illegible] [illegible]

Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature	Date	Reviewer's Signature	Date
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title

Date Returned to Grievant:	If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature	Date

DISTRIBUTION: White, Green, Canary, Pink--Process to Step One; Goldenrod--Grievant

#43

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 4-10-02 Grievance Identifier: LMF 0404 1615 1969

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
John WALTON	173849	LMF	C 135	3/24/02	4/6/02

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 3/24/02
If none, explain why. I'VE KITE BOBO ON 3/24/02 AND WAITED FOR A REPLY NONE WAS SENT

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

THIS IS A RACIST DISCRIMINATION ON ADW BOBO AND THIS FACILITY (CONCERNING RETRICTIONS) ON 7/17/02 I WAS PLACED ON INDEFINITE UPPER SLOT RETRICTION FOR SAID 008 ASSAULT & BATTERY STAFF VICTIM, (AM A BLACK MAN) ABOUT 1½ MONTHS AGO (A WHITE PRISONER) GROSS 223745, RECIEVED THE SAME 008 ASSAULT & BATTERY STAFF VICTIM BUT HE WAS NOT GIVEN INDEFINITE UPPER SLOT BUT ONLY (30) DAYS (60) AT THE MOST. THIS IS CLEARLY A RACIST ISSUE; UNFAIR & UNJUST WOULD BE AN UNDERSTATEMEN THIS CLEARY SHOWS (LMF) FACILITY TO BE A RACIST AND PREJUICE PRISON FACILITY; THIS ON ADW BOBO & THIS RACIST FACILITY

Grievant's Signature John Walton

RESPONSE (Grievant Interviewed? ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)
You were placed on an indefinate upperslot restriction on 7/17/01 by deputy Warden Gearin for assaulting staff. This is in accordance with PD 04.05.120 Segregation Standards. Restrictions are dealt with an an individual basis. One restriction does not influence another prisoner's restriction. There is no racial discrimination.

Note: Prisoner became Insolent during the interview and an (026) Insolence ticket written.

D. Girta — Respondent's Signature — 4/24/02 Date
D. Girth — Respondent's Name (Print)
CM — Working Title

C. Bauman — Reviewer's Signature — Date
C. Bauman — Reviewer's Name (Print)
RUM — Working Title

Date Returned to Grievant: 5-1-02

If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature — Date

DISTRIBUTION: White, Green, Canary, Pink—Process to Step One; Goldenrod—Grievant

P-21

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: _____

Grievance Identifier LMF02041616ST06a

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: 300 Bldg by 5-9-02. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
John WALTON	173849	LMF	C135	3/24/02	5/4/02

STEP II--Reason for Appeal WHEN A "WHITE PRISONER IS GIVEN A LESSER SANCATIO THAN A "BLACK" PRISONER FOR THE SAME 008 CHARGE IT IS CLEAR RACIAL DISCRIMINATION. OF A CORRUPT ADMINISTRATION(S) HEADS WARDEN ETC AN INDEFINITE RESTRICTION IS ARBITRARY WITHIN ITSELF AND IT IS USE AS AN PUNITIVE SANCATION. IF PD 04.05.120 IS IN ACCORDANCE TO KEEP ME A BLACK MAN ON UPPER SLOT WHY WASN'T IT IN ACCORDANCE TO KEEP THE WHITE MAN ON UPPER SLOT? AS A PREJUDICE AND RACIST FACIL YOU ALLOWED YOUR OWN RACE OF PRISONER NOT TO REMAIN ON UPPER SLOT

STEP II--Response

Date Received by Step II Respondent: 5/7/02

Respondent's Name (Print) _____ Respondent's Signature _____ Date _____

Date Returned to Grievant:

STEP III--Reason for Appeal

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary -- Step III; Pink--Step II; Goldenrod--Grievant

BEST AVAILABLE COPY

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator at Step II: 5/10/02

Grievance Identifier: LMF02041615106a

MAY 17 2002

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: 300 Bldg by 5-9-02. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
John Walton	173849	LMF	C-135	3/24/02	5/4/02

STEP II--Reason for Appeal WHEN A "WHITE" PRISONER IS GIVEN A LESSER SANCATI THAN A "BLACK" PRISONER FOR THE SAME 008 CHARGE IT IS CLEAR RACIAL DISCRIMINATION OF A CORRUPT ADMINISTRATION(S) HEADS WARDEN ETC AN INDEFINITE RESTRICTION IS ARBITRARY WITHIN ITSELF, AND IT IS USE AS AN PUNITIVE SANCATION. IF PD 04.05.120 IS IN ACCORDANCE TO KEE ME" A BLACK MAN ON UPPER SLOT WHY WASN'T IT IN ACCORDANCE TO KEEP THE WHITE MAN ON UPPER SLOT? AS A PREJUDICE AND RACIST FACIL YOU ALLOWED YOUR OWN RACE OF PRISONER NOT TO REMAIN ON UPPER SLOT

STEP II--Response

Date Received by Step II Respondent: 5/7/02

A review of your Step I grievance and Step II appeal has been completed. Prisoner has not shown new evidence of discrimination to continue to the Step II level. The response at the Step I level adequately addresses prisoner's claims. Appeal denied. (CB:jlf)

Acting Warden Bergh
Respondent's Name (Print)

Respondent's Signature

5/10/02
Date

Date Returned to Grievant: 5/13/02

STEP III--Reason for Appeal THE FACT OF THE MATTER IS NOT (1) BUT (2) WHITE PRISONERS, WITH THE SAME 008 MISCONDUCTS WAS GIVEN A LESSER TIME TO BE ON THERE RESTRICTION THAN ME A BLACK PRISONER, THAT ALONE IS RACIAL DISCRIMINATION - BOTH WHITE PRISONER ARE OFF THERE RESTRICTION O UPPER SLOT GROSS #223745 & SARAH # 270314 LOOK AT THE FILES THIS IS CLEAR DISCRIMINATION

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

THIRD STEP GRIEVANCE RESPONSE

C214

John Walton, #173849
LMF-02-04-1615-06a

The Grievant presents an issue which alleges racial discrimination which regard to the length of time he was placed on upper slot restriction. He alleges that a white prisoner was given a different length of time for the same offense. The grievance was processed at the local level according to the provisions of Policy Directive 03.02.130 (Prisoner/Parolee Grievances) and Operating Procedure 03.02.130 (Prisoner/Parolee Grievances).

This investigator has reviewed the documents presented with the appeal to Step Three. **It is noted that the Grievant became insolent during the Step One interview and was issued an Insolence ticket. This behavior does not show a good faith effort to resolve this issue.** All relevant information was considered. Based on this review, this writer finds the responses provided at Step One and Step Two adequately address the merits of the main issue grieved. The evidence presented does not support the charges made by the Grievant. He did not show a violation of policy. The Step Three appeal is denied.

Approval Signature: Michael A. Powell Date: JUN 11 2002
#6/6-6/06a